

COMMONWEALTH OF MASSACHUSETTS

DEPARTMENT OF FIRE SERVICES

BOARD OF FIRE PREVENTION REGULATIONS

Official Use Only

Permit No. _____

Occupancy and Fee Checked _____

APPLICATION FOR PERMIT TO PERFORM ELECTRICAL WORK

All work to be performed in accordance with the Massachusetts Electrical Code (MEC), 527 CMR 12.00

(PLEASE PRINT IN INK OR TYPE ALL INFORMATION)

Date: _____

TOWN OF ACTON *To the Inspector of Wires:*

By this application the undersigned gives notice of his or her intention to perform the electrical work described below.

Location (Street & Number) _____

Owner or Tenant _____ Telephone No. _____

Owner's Address _____

Is this permit in conjunction with a building permit? Yes ☐ No ☐ (Check Appropriate Box)

Purpose of Building _____ Utility Authorization No. _____

Existing Service _____ Amps _____/_____ Volts Overhead ☐ Undgrd ☐ No. of meters _____**New Service** _____ Amps _____/_____ Volts Overhead ☐ Undgrd ☐ No. of meters _____

No. of Feeders and Ampacity _____

Location and Nature of Proposed Electrical Work: _____

No. of Recessed Luminaries	No. of Ceil.-Susp. (Paddle Fans)	No. of Transformers	TOTAL KVA
No. of Luminaire Outlets	No. of Hot Tubs	Generators	KVA
No. of Luminaire	Swimming Pool Above <input type="checkbox"/> In <input type="checkbox"/>	No. of Emergency Battery Units	
No. of Receptacle Outlets	No. of Oil Burners	FIRE ALARMS	No. of Zones
No. of Switches	No. of Gas Burners	No. of Detection and Initiating Devices	
No. of Ranges	No. of Air Cond. Total Tons	No. of Alerting Devices	
No. of Waste Disposals	Heat Pump Number Tons KW	No. of Self-Contained Detection/Alerting Devices	
No. of Dishwashers	Space Area/Heating KW	Municipal Local <input type="checkbox"/> Connection <input type="checkbox"/> Other	
No. of Dryers	Heating Appliances KW	Security System: * No. of Devices or Equivalent	
No. of Water Heaters KW	No. of Signs No. of Ballasts	Data Wiring: No. of Devices or Equivalent	
No. of Hydromassage Bathtubs	No. of Motors Total HP	Telecommunications Wiring:	
Other			

Estimated Value of Electrical Work: _____ (When required by municipal policy.)

Work to Start: _____ Inspections to be requested in accordance with MEC Rule 10, and upon completion.

INSURANCE COVERAGE: Unless waived by the owner, no permit for the performance of electrical work may be issued unless the Licensee provides proof of liability insurance including "completed operation" coverage or its substantial equivalent. The undersigned certifies that such coverage is in force, and has exhibited proof of same to the permit issuing office.

CHECK ONE: INSURANCE ☐ BOND ☐ OTHER ☐ (Specify:)*I certify, under the pains and penalties of perjury, that the information on this application is true and complete.***FIRM NAME:** _____ **LIC. NO.:** _____**Licensee:** _____ **Signature** _____ **LIC. NO.:** _____

(If applicable, enter "exempt" in the license number line.)

Bus. Tel. No.: _____**Address:** _____ **Alt. Tel. No.:** _____

*Security System Contractor License required for this work; if applicable, enter the license number here: _____

OWNER'S INSURANCE WAIVER: I am aware that the Licensee *does not have* the liability insurance coverage normally required by law. By my signature below, I hereby waive this requirement. I am the (check one) ☐ owner ☐ owner's agent.

Owner/Agent Signature _____ **Telephone No.** _____ **PERMIT FEE \$** _____**FOR INSPECTION CALL BILL MOREHOUSE 978-486-0167**

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
www.mass.gov/dia
600 Washington Street
Boston, MA 02111

Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers

Applicant Information

Please Print Legibly

Name (Business/Organization/Individual): _____

Address: _____

City/State/Zip: _____ Phone #: _____

Are you an employer? Check the appropriate box:

- | | |
|---|---|
| 1. <input type="checkbox"/> I am an employer with _____ employees (full and/or part-time).* | 4. <input type="checkbox"/> I am a general contractor and I have hired the sub-contractors listed on the attached sheet. ‡ These sub-contractors have Workers' comp. insurance. |
| 2. <input type="checkbox"/> I am sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required.] | 5. <input type="checkbox"/> We are a corporation and its officers have exercised their right of exemption per MGL c. 152, § 1 (4), and we have no employees. [No workers' comp |
| 3. <input type="checkbox"/> I am a homeowner doing all work myself. [No workers' comp. insurance required.]† | |

Type of project (required):

- 6. ☐ New construction
- 7. ☐ Remodeling
- 8. ☐ Demolition
- 9. ☐ Building Addition
- 10. ☐ Electrical repairs or additions
- 11. ☐ Plumbing repairs or additions
- 12. ☐ Roof repairs
- 13. ☐ Other _____

Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information:

† Homeowners who submit this affidavit indicating that are doing all work and then hire outside contractors must submit a new affidavit indicating such.

‡ Contractors that check this box must attached an additional sheet showing the name of the sub-contractors and their workers' comp. policy information.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy and job site information.

Insurance Company Name: _____

Policy # or Self-ins. License # _____ Expiration Date: _____

Job Site Address: _____ City/State/Zip: _____

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).

Failure to secure coverage as required under Section 25 A of MGL 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one year imprisonment as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.

Signature _____ Date _____

Phone # _____

Official use only

Do not write in this area, to be completed by city or town official

City or town: TOWN OF ACTON

ELECTRICAL PERMIT APPLICATION

Contact Person: GARRY A. RHODES

Phone #: 978-264-9632